Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

CLAIMS AS FILED - PART I SMALL ENTITY OTHER THAN										THAN		
			(Column 1)		(Column 2)		T	TYPE		OR	SMALL ENTITY	
TOTAL CLAIMS			7				Γ	RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		В	ASIC FEE	355.00	OR	BASIC FEE	· 710.00
TOTAL CHARGEABLE CLAIMS			7 minus 20=		*			X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			7 minus 3 =		· //		Ī	X40=	160.0	OR	X80=	
MULTIPLE DEPENDENT CLAIM PRESENT								+135=		OR	+270=	
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL	5/5	OR	TOTAL	
CLAIMS AS AMENDED - PART II								•			OTHER	
	gger or the respectable to the court of the dedication of	(Column 1)	ganeria la herro i del degle diseguado um	(Colu		(Column 3)	_	SMALL E	ENTITY	OR	SMALL	ENTITY
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI PAID	IBER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	T OL ALM			X40=		OR	X80=	
	FIRST PRESE	NTATION OF M	OLTIPLE DEP	ENDEN	CLAIM			+135=		OR	+270=	
			٠				L	TOTAL		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colu	mn 2)	(Column 3)	Al	ODIT. FEE	<u> </u>		ADDII. FEET	•
		CLAIMS		HIGI	HEST		Г		ADDI-			ADDI-
AMENDMENT B		REMAINING AFTER AMENDMENT		PREVI	MBER OUSLY FOR	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***	T OL A134	= -		X40=		OR	X80=	. =
	FIRST PRESE	NTATION OF M	OLTIPLE DEP	ENDEN	CLAIM			+135=		OR	+270=	
								TOTAL	.	OR	TOTAL	
		(Column 1)		(Calu	mn 2)	(Column 3)	Al	ODIT. FEE			ADDIT. FEE	L.,
		(Column 1) CLAIMS			HEST	(Column 3)			4551	l		4001
AMENDMENT C		REMAINING AFTER AMENDMENT		PREVI	MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	T.O. 411.	=		X40=		OR	X80=	
	FIRST PRESE	ENTATION OF M	OLTIPLE DEF	'ENDEN	i CLAIM			+135=		OR	+270=	
		ımn 1 is less than t					L	TOTAL			TOTAL	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												

This Form is for INTERNAL PTO USE ON It does NOT get mailed to the applicant.

NOTICE OF FILING / CLAIM FEE(S) I (CALCULATION SHEET)

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APPLICATION NUMBER:	000/00/11/
WITH THE WITH HOLLING	19945 H

Total Fee Calculation

·	Fee Code	Total # Claims	Number Extra X	Fee	<u>F</u>
	Sm./Lg.			Sm. Entity	Lg.
Basic Filing Fee	201/101		•	515	· —
Total Claims >20	203/103	20 •	x	355	
Independent Claims >3	202/102		x		
Mult. Dep Claim Present	204/104	1		-	<u>t</u>
Surcharge	205/105		e	160	
English Translation	139	i			•
TOTAL FEE CALCULA	LTION				
Fees due upon filing t	he application	•			
Total Filing Fees Duc	= s	<u> </u>	•		
Less Filing Fees Subm	itted -\$:	•	